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CONFIRMATION NO. 6500

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 10/797,634 | FILING OR 371(c) DATE 03/10/2004 RULE | CLASS 235 | GROUP ART UNIT 2876 | ATTORNEY DOCKET NO. D-1221 R6 |
| APPLICANTS Jeffrey Eastman, North Canton, OH; William D. Beskitt, Canton, OH; H. Thomas Graef, Bolivar, OH; | | | | |
| ** CONTINUING DATA ***** <i>KDF</i> This appln claims benefit of 60/453,667 03/10/2003 ** FOREIGN APPLICATIONS ***** <i>KDF</i> <i>none</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/27/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Signature]</i> | | STATE OR COUNTRY OH | SHEETS DRAWING 97 | TOTAL CLAIMS 24 |
| | | | | INDEPENDENT CLAIMS 3 |
| ADDRESS 28995 | | | | |
| TITLE Cash dispensing automated banking machine with deposit holding container | | | | |
| FILING FEE RECEIVED 1322 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |